

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155508		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/04/2011	
NAME OF PROVIDER OR SUPPLIER TRANSCENDENT HEALTHCARE OF BOONVILLE, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 725 SOUTH SECOND ST BOONVILLE, IN47601			
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F0000	<p>This visit was for the Investigation of Complaint IN00097754.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Investigation of Complaint IN00094056 completed on 8/19/11.</p> <p>This visit was in conjunction with the PSR to the PSR to the Recertification and State Licensure Survey completed on 6/27/11.</p> <p>Complaint IN00097754 - Substantiated. Federal/State deficiencies related to the allegation are cited at F425.</p> <p>Survey dates: October 3, 4, 2011</p> <p>Facility number: 000451 Provider number: 155508 AIM number: 100266240</p> <p>Survey Team: Carole McDaniel RN TC Martha Saull RN</p> <p>Census Bed Type: SNF NF: 65 SNF: 1 Total: 66</p>			F0000	<p>By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective October 14, 2011 to the annual licensure survey conducted on October 4, 2011.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0425 SS=A	<p>Census Payor Type: Medicare: 12 Medicaid: 42 Other: 12 Total: 66</p> <p>Sample: 4</p> <p>Transcendent Healthcare of Boonville was found to be in substantial compliance with 42 CFR Part 483 Subpart B in regard to Investigation of Complaint IN00097754. This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 10/05/11 by Suzanne Williams, RN</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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				F0425	F425 It is the practice of Transcendent Healthcare to assure that medications are properly documented including the effectiveness of PRN medications. The corrective action taken for those residents found to be affected by the deficient practice include: Resident A no longer resides in the facility. The nurses that were individually identified as having lack of documentation received individualized teaching. Other residents that have the potential to be affected have been identified: All residents will be reviewed related to documentation of Medication Administration and PRN effectiveness. Please see systems below to prevent reoccurrence. The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include: The facility policy has been updated to reflect the proper protocol related to documentation of administration of medications. All PRN medications will be initialed on the MAR with documentation on the back of the MAR related to what the medication was administered for and the effectiveness. The nurses have all been in-serviced related to the proper protocol for the documentation of medication administration. The corrective action taken to monitor performance to assure		10/14/2011

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	<p>Based on interview and record review, the facility failed to ensure a consistent written account of dispensing of narcotics for 1 of 3 residents reviewed for receiving narcotics for pain control in a sample of 4. Resident A</p> <p>Findings include:</p> <p>On 10/3/11 at 11 A.M., the clinical record of Resident A was reviewed. The admission nursing assessment, dated 9/15/11, indicated the resident was admitted with "Rt (right) knee replacement", which he had on 9/12/11. The admission MDS (minimum data set assessment) dated 9/23/11, indicated the resident was of independent decision making skills with cognition intact. The</p>				<p>compliance through quality assurance is: A Performance Improvement Tool has been developed that will randomly review 5 residents related to proper documentation of PRN medications. This tool will be completed by DNS, or designee, weekly x3, monthly x3, then quarterly x3. Any issues identified will be immediately corrected. The tool will be reviewed and the regularly scheduled Quality Assurance Meeting with recommendations as needed. The date the systemic changes will be completed: 10-14-11</p>		

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	<p>admission record also documented the resident had a large, abdominal hernia and inguinal hernia.</p> <p>Admission physician orders, dated 9/15/11, indicated the following for prn (as needed pain) control: Percocet (controlled substance, schedule II narcotic) 7.5-325 mg, 1 tablet po (by mouth) every 4 hours as needed for pain for 7 days, and Methadone (controlled substance, schedule II narcotic) 5 mg po every 8 hours prn for pain. Both of the medications, Percocet and Methadone, were identified in the facility provided copy of the Nursing 2007 drug handbook as being controlled substance, schedule II narcotics.</p> <p>The September 2011 MAR (medication administration record) was reviewed in conjunction with the September 2011 nurses' notes. Nurses notes dated 9/18/11 at 0600 (6 A.M.) indicated the following: "...c/o (complained of) pain, prn given x 2..." The MAR for 9/18/11 was reviewed for prn administration of Methadone and Percocet. For 9/18/11 the front side of the MAR had two different nurses' initials on the MAR as having administered Methadone but no time was documented. The medication Percocet had three nursing initials documented as having administered the medication, again with</p>						

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	<p>no time documented. On the back of the MAR for 9/18/11, documentation was lacking of any prn medications administered and/or the reason and/or the result/response for the "prn given x 2." The first documented pain medication listed for 9/18/11 on the back of the MAR, timed 0845 (8:45 A.M.).</p> <p>Nurses notes, dated 9/18/11 at 0700 (7 A.M.) - 1900 (7 P.M.) included, but was not limited to, the following: "...Has had c/o pain x 2 requiring use of prn Percocet et (and) methadone. Res (resident) states that it offers 'little bit' of relief ..." Again the MAR for 9/18/11 was reviewed with the following: For 9/18/11 the front side of the MAR had two different nurses initials on the MAR as having administered Methadone but no time was documented. The medication Percocet had three nursing initials documented as having administered the medication, again with no time documented. The back of the MAR had the following 4 prn pain medications documented: "0845 (8:45 A.M.)- Methadone 5 mg; 1030 (10:30 A.M.) Percocet 7.5 mg; 1430 (2:30 P.M.) Percocet 7.5 mg; 1830 (6:30 P.M.).</p> <p>On 9/19/11 at 1530 (2:30 P.M.) a physician order was obtained for the following: "...Percocet increased to 2 tabs (tablets) from q (every) 4 hours..." This</p>						

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	<p>order was documented by LPN #1. The prn MAR for 9/19/11 had LPN #1 documented once on the front of the MAR she had given the medication, again with no time documented. Documentation on the back of the MAR was lacking as to a time the prn 2 tablets of Percocet were administered. Nurses notes for 9/19/11 were also lacking as to LPN #1 administering the resident 2 tablets of Percocet.</p> <p>On 10/4/11 at 9:10 A.M. LPN#1 was interviewed. She was made aware of the above lack of documentation for administration of the two tablets of Percocet on 9/19/11 at 3:30 P.M. She indicated "I guess I didn't chart it."</p> <p>On 10/4/11 at 10:05 A.M. the DON (director of nursing) was interviewed. She provided a copy of the resident's Controlled Drug record for Percocet 7.5-325 (sic) mg. This form documented the following for 9/19/11 at 2 P.M. , LPN #1 signed out 2 tablets of Percocet. The DON indicated this documentation reflected that LPN #1 did administer the 2 tablets of Percocet to the resident even though LPN#1 did not document administering the 2 tabs of Percocet on the MAR. The DON indicated in addition to signing out the Percocet on the controlled drug record, LPN #1 should</p>						

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	<p>have also documented her administering the 2 tabs of Percocet on the MAR. The DON indicated there are 4 documents nursing can look on to reference narcotic administration times for residents: the nurses notes, the MAR and the controlled drug record . She indicated that nursing can also reference the 24 hour nursing report as this information is passed on in report. The DON was made aware of the above documentation inconsistencies and/or omissions. She attributed the discrepancy to nursing staff "has to document in so many places."</p> <p>On 10/4/11 at 7:30 A.M. the DON provided a current copy of the facility policy and procedure for "pain assessment and management." This policy and procedure was dated 3/1/11. This policy included, but was not limited to, the following: "...Review the medication administration record to determine how often the individual requests and received pain medication and to what extent the administered medications relieve the resident's pain."</p> <p>This federal deficiency relates to Complaint IN00097754.</p> <p>3.1-25(e)(3)</p>						